

Senate Bill No. 1695

CHAPTER 678

An act to add Section 1797.8 to, and to add Chapter 2.5 (commencing with Section 11758) to Division 10.5 of, the Health and Safety Code, relating to drugs.

[Approved by Governor September 17, 2002. Filed
with Secretary of State September 18, 2002.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1695, Escutia. Drug overdose deaths.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, requires the Emergency Medical Services Authority to establish minimum standards and regulations for the training and scope of practice of an emergency medical technician-I. Under existing law, an emergency medical technician-II is authorized to administer naloxone, within the scope of his or her practice.

This bill would authorize counties to establish training and certification programs to permit an emergency medical technician-I, as specified, to administer naloxone hydrochloride, the antidote to heroin overdose, by means other than intravenous injection if he or she has completed training and passed a test, as specified. The bill would require the Emergency Medical Services Authority to develop guidelines relating to the county certification programs. These provisions would be operative until a specified date.

This bill would require the State Department of Alcohol and Drug Programs to place on its Internet Web site, for a period of not less than 6 months, information, as specified, regarding drug overdose trends and death rates.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

(a) Because drug overdose deaths are preventable, it is therefore an appropriate role for the state to do all of the following:

- (1) Seek to prevent the onset of drug use through preventive measures.
- (2) Provide cessation treatment for those addicted to drugs.
- (3) Prosecute those who sell controlled substances.

(4) Seek to prevent needless death and suffering among individuals who cannot or will not stop using drugs.

(b) According to the vital statistics database of the federal Centers for Disease Control and Prevention, the number of fatal drug overdoses in California quadrupled between 1980 and 1997.

(c) The Director of the United States Drug Enforcement Administration testified to Congress that nationwide overdose deaths from the prescription drug opiate OxyContin totaled at least 117 over the last two years, and that in another 179 overdose deaths OxyContin was the likely cause of death.

(d) In recent years, increasing rates of heroin use and the widened variability of its potency have resulted in an escalating death toll among both novice users, younger users, and an aging population of heroin-addicted adults. Heroin overdose is now a leading cause of death for men between the ages of 20 and 54 in several cities and rural counties in the western part of the United States.

(e) In 1998, the last year for which this data was available from the federal Centers for Disease Control and Prevention, an adult male in San Diego was just as likely to die of a drug overdose as from a motor vehicle collision or a gunshot wound. During that same time period in San Francisco, an adult male was twice as likely to die of a drug overdose than from a motor vehicle collision or a gunshot wound, according to federal Centers for Disease Control and Prevention statistics.

(f) In the Counties of Kern, Monterey, Orange, Riverside, Sacramento, San Joaquin, Santa Cruz, and Ventura, the rate of drug overdose fatalities increased, ranging from 200 percent to 500 percent, between 1990 and 1998. Many predominantly rural counties, including Butte, Imperial, and Sonoma Counties, experienced equal or greater increases.

(g) In addition to the many deaths caused by illicit drugs, there are many preventable deaths in California each year among our oldest citizens and other chronically ill Californians who rely on opiate-based prescription medicines to dull pain and contribute to their productivity and quality of life. Efforts need to be made to improve the education of prescription drug users and their families to address the risk of overdose, and to improve the response of our emergency medical services to both illicit and legal opiate-based drug overdoses.

(h) Los Angeles County has the highest annual number of fatal drug overdoses in the state. According to data from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), over 700 people in Los Angeles County died of drug overdoses in 1999. This number represents a 45 percent increase in the number of deaths from the year before. Heroin overdose is a major cause of these deaths.



(i) A heroin overdose death typically occurs one to three hours after the last injection, and studies suggest that the majority of heroin overdoses are witnessed by others. There is ample time to save the victim's life, provided that witnesses are able and willing to intervene.

(j) The life of an overdose victim can be saved if witnesses, who are often drug users themselves, are able to provide cardiopulmonary resuscitation and summon emergency medical assistance by calling 911.

(k) In California, paramedics, physicians, nurses, nurse practitioners, and emergency medical technicians II are currently authorized to administer naloxone hydrochloride, which is the antidote to heroin overdose. Naloxone hydrochloride is highly effective, inexpensive, and relatively easy to administer. A study by San Francisco General Hospital found that if an overdose victim had a pulse at the time of paramedic arrival, likelihood of survival was 94 percent. Police, firefighters, and emergency service personnel who respond first to medical emergencies need to be trained and authorized to administer the antidote in the absence of paramedics in any county in which the medical director of the local emergency medical services authority deems it important.

(l) Last year, California enacted Assembly Bill 559 (Chapter 458 of the Statutes of 2001), which authorizes school personnel to inject children with epinephrine in case of a life-threatening emergency. The analysis of the Assembly Committee on Appropriations predicted that the Emergency Medical Services Authority would incur only minor, absorbable costs for writing regulations and developing rules and standards for administration. Similarly, training an emergency medical technician-I (EMT-I) to administer naloxone hydrochloride should result in a minor expense, and increase the number of lives saved.

SEC. 2. Section 1797.8 is added to the Health and Safety Code, to read:

1797.8. (a) For purposes of this section, the following definitions apply:

(1) "EMT-I" means any person who has training and a valid certificate as prescribed by Section 1797.80.

(2) "EMT certifying authority" means the medical director of the local emergency medical services agency.

(b) Any county may, at the discretion of the county or regional medical director of emergency medical services, develop a program to certify an EMT-I to administer naloxone hydrochloride by means other than intravenous injection.

(c) Any county that chooses to implement a program to certify an EMT-I to administer naloxone hydrochloride, as specified in subdivision (b), shall approve and administer a training and testing



program leading to certification consistent with guidelines established by the state Emergency Medical Services Authority.

(d) On or before July 1, 2003, the state Emergency Medical Services Authority shall develop guidelines relating to the county certification programs authorized pursuant to subdivision (b).

(e) An EMT-I may be authorized by the EMT certifying authority to administer naloxone hydrochloride by means other than intravenous injection only if the EMT-I has completed training and passed an examination administered or approved by the EMT certifying authority in the area.

(f) This section shall be operative only until the operative date of regulations that revise the regulations set forth in Chapter 3 (commencing with Section 100101) of Division 9 of Title 22 of the California Code of Regulations and that authorize an EMT-I to receive EMT-II training in administering naloxone hydrochloride without having to complete the entire EMT-II certification course.

SEC. 3. Chapter 2.5 (commencing with Section 11758) is added to Division 10.5 of the Health and Safety Code, to read:

CHAPTER 2.5. FATAL DRUG OVERDOSE INFORMATION

11758. The definitions contained in this article shall govern the construction of this chapter, unless the context requires otherwise.

11758.03. "Department" means the State Department of Alcohol and Drug Programs.

11758.06. (a) On or before July 1, 2004, and on or before January 1, 2009, as specified in subdivision (c), the department shall place on its Internet Web site information on drug overdose trends in California, including county and state death rates, from existing data, in order to ascertain changes in the causes or rates of fatal and nonfatal drug overdoses for the preceding five years.

(b) The information required by subdivision (a) shall include , to the extent available, data on all of the following:

- (1) Trends in drug overdose death rates by county or city, or both.
- (2) Suggested improvements in data collection.
- (3) A description of interventions that may be effective in reducing the rate of fatal or nonfatal drug overdoses.

(c) The information required by subdivision (a) to be placed on the department's Internet Web site shall remain on the Internet Web site for a period of not less than six months. The department shall update the information required pursuant to subdivision (a) and shall place the



updated information on the Internet Web site on or before January 1, 2009, for a period of not less than six months.

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